Image# 14941227214 PAGE 1 / 61

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

						Office Use	Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typir the lines.	g, type	12FE4M	5	
Wellcare Health Plans,	Inc. PAC (We	llCare PAC)					
				1 1 1 1	1 1 1 1	1 1 1 1	
	8735 Henderson R	load					
ADDRESS (number and street)							
Check if different than previously	-						
reported. (ACC)	Tampa				FL	33634	
2. FEC IDENTIFICATION NUI	MBER ▼	CITY 🛦			STATE A	Z	IP CODE ▲
C C00390575		3. IS THIS REPORT		IEW N) OR	A (/	MENDED A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	×	May 20 (M5)	Aug	g 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)		un 20 (M6)	Se	o 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	J	ul 20 (M7)	Oc	t 20 (M10)	Jan 31 (YE)
Quarterly Report (Q1 July 15	(c) 12-Day		Primary (12P)	Genera	l (12G)	Runoff (12R)
Quarterly Report (Q2	PRE-Ele Report f		Convention (12C)	Special	(12S)	
October 15 Quarterly Report (Q3	3)				V V		
January 31 Year-End Report (YE	Ξ)	Election on	M M /	D D /	Y Y Y Y Y Y Y Y Y Y		in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-E		General (30G	i)	Runoff	(30R)	Special (30S)
Termination Report	Report f	or the:	M = M /	D D /	Y . Y . Y . Y		in the
(TER)		Election on					State of
5. Covering Period 04	/ D D / Y	2014	through	04_	30	/ Y Y 2014	
I certify that I have examined this	Report and to the	e best of my know	wledge and b	elief it is tru	e, correct a	nd complete	·.
Type or Print Name of Treasurer	Thomas Tran						
Signature of Treasurer Thoma	es Tran		[Electronically	Filed] D	ate 05	M / D 20	2014
NOTE: Submission of false, erroned	ous, or incomplete in	ntormation may su	bject the pers	son signing th	is Report to	T	
Office Use Only							FORM 3X v. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period: From: 04 01 2014 To: 04 30 2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		131970.74
	(b) Cash on Hand at Beginning of Reporting Period	137044.46	
	(c) Total Receipts (from Line 19)	17580.59	76154.31
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	154625.05	208125.05
7.	Total Disbursements (from Line 31)	3000.00	56500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	151625.05	151625.05
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period: From: 04	01 2014 T	o: 04 30 2014	
I. Receipts	COLUMN B Calendar Year-to-Date		
. Contributions (other than loans) From:			
(a) Individuals/Persons Other			
Than Political Committees	40044.00	37874.78	
(i) Itemized (use Schedule A)	12214.09	3/0/4./0	
(ii) Unitomized	5366.50	38279.53	
(ii) Unitemized(iii) TOTAL (add	5500.50	30213.33	
Lines 11(a)(i) and (ii)	17580.59	76154.31	
Elilos Tr(a)(i) and (ii)	, , , , ,		
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees			
(such as PACs)	0.00	0.00	
(d) Total Contributions (add Lines			
11(a)(iii), (b), and (c)) (Carry	47500 50	76154.31	
Totals to Line 33, page 5)	17580.59	70134.31	
. Transfers From Affiliated/Other	0.00	0.00	
Party Committees	0.00	0.00	
. All Loans Received	0.00	0.00	
	7	7	
. Loan Repayments Received	0.00	0.00	
Offsets To Operating Expenditures			
(Refunds, Rebates, etc.)			
(Carry Totals to Line 37, page 5)	0.00	0.00	
. Refunds of Contributions Made			
to Federal Candidates and Other			
Political Committees	0.00	0.00	
. Other Federal Receipts			
(Dividends, Interest, etc.)	0.00	0.00	
. Transfers from Non-Federal and Levin Funds			
(a) Non-Federal Account (from Schedule H3)	0.00	0.00	
(mont deficable 110)	0.00	0.00	
(b) Lovin Funds (from Schodule UE)	0.00	0.00	
(b) Levin Funds (from Schedule H5)	7	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	
	7	7 7	
. Total Receipts (add Lines 11(d),			
12, 13, 14, 15, 16, 17, and 18(c))▶	17580.59	76154.31	
. Total Federal Receipts			
(subtract Line 18(c) from Line 19)▶	17580.59	76154.31	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
. Operating Expenditures: — (a) Allocated Federal/Non-Federal	10101 11101 01100	Calendar Tear-to-Date			
Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating	0.00	0.00			
Expenditures(c) Total Operating Expenditures	0.00	0.00			
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00			
Transfers to Affiliated/Other Party					
Committees	0.00	0.00			
Contributions to Federal Candidates/Committees					
and Other Political Committees	0.00	53500.00			
Independent Expenditures	0.00	0.00			
(use Schedule E) Coordinated Party Expenditures	5.55	0.00			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
(use ourleadic 1)					
Loan Repayments Made	0.00	0.00			
Loans MadeRefunds of Contributions To:	0.00	0.00			
(a) Individuals/Persons Other		0.00			
Than Political Committees	0.00	0.00			
(b) Political Party Committees	0.00	0.00			
(b) Political Party Committees	0.00				
(such as PACs)	0.00	0.00			
(d) Total Contribution Refunds	0.00				
(add Lines 28(a), (b), and (c))▶	0.00	0.00			
Others Disharasants	2002.00	3000.00			
Other Disbursements	3000.00	3000.00			
Federal Election Activity (2 U.S.C. §431(20))					
(a) Allocated Federal Election Activity					
(from Schedule H6)					
(i) Federal Share	0.00	0.00			
		0.00			
(ii) "Levin" Share	0.00	0.00			
(b) Federal Election Activity Paid Entirely	0.00	0.00			
With Federal Funds	0.00	0.00			
Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00			
(-)(-)(-) (-) (-) (-) (-) (-) (-) (-					
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3000.00	56500.00			
_					
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii)	2000 00	56500 00			
from Line 31)	3000.00	56500.00			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures					
3. Total Contributions (other than loans) (from Line 11(d), page 3)	17580.59	76154.31			
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00			
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17580.59	76154.31			
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00			
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00			
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00			

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Nicholas Abid Date of Receipt Mailing Address 8735 Henderson Road 04 2014 City State Zip Code Transaction ID: SA11AI.11851 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Nicholas Abid Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.11852 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) Full Name (Last, First, Middle Initial) c. Harvey D. Anderson Date of Receipt Mailing Address 8735 Henderson Road 04 11 2014 City State Zip Code Transaction ID: SA11AI.11853 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X) ITEN

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Any or fo NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Harvey D. Anderson Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.11854 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Lawrence D. Anderson Date of Receipt Mailing Address 8735 Henderson Road 04 2014 11 City State Zip Code Transaction ID: SA11AI.11855 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1538.40 Other (specify) Full Name (Last, First, Middle Initial) c. Lawrence D. Anderson Date of Receipt Mailing Address 8735 Henderson Road 25 2014 04 City Zip Code State Transaction ID: SA11AI.11856 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1730.70 423.06 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** Use separate schedule(s) (check only one) X 11a 11b 11c

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lucinda Baily Date of Receipt Mailing Address 8735 Henderson Road 04 2014 City State Zip Code Transaction ID: SA11AI.11863 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) Full Name (Last, First, Middle Initial) B. Lucinda Baily Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.11864 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1346.10 Other (specify) Full Name (Last, First, Middle Initial) c. Angel L. Ballew Date of Receipt Mailing Address 8735 Henderson Road 04 11 2014 City State Zip Code Transaction ID: SA11AI.11865 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 423.06 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Angel L. Ballew Date of Receipt Mailing Address 8735 Henderson Road 04 2014 25 City State Zip Code Transaction ID: SA11AI.11866 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) B. Richard O. Banner Date of Receipt Mailing Address 8735 Henderson Road 04 2014 11 City State Zip Code Transaction ID: SA11AI.11867 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 46.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 369.20 Other (specify) Full Name (Last, First, Middle Initial) c. Richard O. Banner Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.11868 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 46.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 415.35 Other (specify) 130.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

federal political committee.

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for each category of the Detailed Summary Page	×	11a		11b		11c	12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Tanya Bartholomew Date of Receipt Mailing Address 8735 Henderson Road 04 2014 City State Zip Code Transaction ID: SA11AI.11869 33634 FL Tampa Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Robert A. Beck Date of Receipt Mailing Address 8735 Henderson Road 04 2014 11 City Zip Code State Transaction ID: SA11AI.11872 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 96.15

	Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	Occupation health care Aggregate Year-to-Date ▼ 769.20	
С.	Full Name (Last, First, Middle Initial) Robert A. Beck Mailing Address 8735 Henderson Road		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
	City Tampa FEC ID number of contributing federal political committee.	State Zip Code FL 33634	Transaction ID : SA11AI.11873 Amount of Each Receipt this Period 96.15
	Name of Employer WellCare Health Plans, Inc. Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation health care Aggregate Year-to-Date ▼ 865.35	
Γ	CURTOTAL of Descints This Dave (autional)		230.76

SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 11 OF 61 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Scott B. Black Date of Receipt Mailing Address 8735 Henderson Road 04 2014 City State Zip Code Transaction ID: SA11AI.11880 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Scott B. Black Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.11881 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) c. Kenneth A. Burdick Date of Receipt Mailing Address 8735 Henderson Road 04 11 2014 City State Zip Code Transaction ID: SA11AI.11890 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) 269.22 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Detailed Summary Page	[>	11a		11b		11c	12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Kenneth A. Burdick Date of Receipt Mailing Address 8735 Henderson Road 04 2014 25 City State Zip Code Transaction ID: SA11AI.11891 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. John Burke Date of Receipt Mailing Address 8735 Henderson Road 04 2014 11 City State Zip Code Transaction ID: SA11AI.11892 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) c. John Burke Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 Zip Code City State Transaction ID: SA11AI.11893 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify)

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FOR LINE NUMBER: PAGE 13 OF 61 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Cesar M. Castilleja Date of Receipt Mailing Address 8735 Henderson Road 04 2014 City State Zip Code Transaction ID: SA11AI.11898 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 41.66 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 333.28 Other (specify) Full Name (Last, First, Middle Initial) B. Cesar M. Castilleja Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.11899 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 41.66 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 374.94 Other (specify) Full Name (Last, First, Middle Initial) c. Robert A. Champagne Date of Receipt Mailing Address 8735 Henderson Road 04 11 2014 City State Zip Code Transaction ID: SA11AI.11900 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation Wellcare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 121.78 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	and Statements may not be sold or used by any persong the name and address of any political committee t	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc.	PAC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Robert A. Champagne Mailing Address 8735 Henderson Road		Date of Receipt
City	State Zip Code	04 25 2014 The second of the s
Tampa	FL 33634	Transaction ID : SA11AI.11901 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	38.46
Name of Employer Wellcare	Occupation health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	
Full Name (Last, First, Middle Initial) Ann C. Cox Mailing Address 8735 Henderson Road		Date of Receipt
		04 11 2014
City	State Zip Code	Transaction ID : SA11AI.11916
Tampa FEC ID number of contributing federal political committee.	FL 33634	Amount of Each Receipt this Period 38.46
Name of Employer WellCare Health Plans, Inc.	Occupation health care	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 307.68	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 8735 Henderson Road		04 25 2014
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.11918
FEC ID number of contributing federal political committee.	C 33034	Amount of Each Receipt this Period 38.46
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	
SUBTOTAL of Receipts This Page (options	al)	115.38
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TOTAL This Period (last page this line nur	mper only)	

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for each category of the Detailed Summary Page	X	11a		11b		11c		12					
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Justin R. Cramer Date of Receipt Mailing Address 8735 Henderson Road 04 2014 City State Zip Code Transaction ID: SA11AI.11919 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Justin R. Cramer Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.11920 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼

346.14 Other (specify) Full Name (Last, First, Middle Initial) c. David Cure Date of Receipt Mailing Address 8735 Henderson Road 04 11 2014 Zip Code City State Transaction ID: SA11AI.11924 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify)

Primary

General

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) David Cure Date of Receipt Mailing Address 8735 Henderson Road 04 2014 25 City State Zip Code Transaction ID: SA11AI.11925 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) Full Name (Last, First, Middle Initial) B. William W. Davies Date of Receipt Mailing Address 8735 Henderson Road 04 2014 11 City State Zip Code Transaction ID: SA11AI.11928 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) c. William W. Davies Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.11929 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (W	ellCare PAC)	
Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼ OCC Agg	ate Zip Code L 33634 upation th care regate Year-to-Date ▼ 307.68	Date of Receipt M
Tampa FI FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For:	ate Zip Code - 33634 upation th care regate Year-to-Date ▼ 346.14	Date of Receipt M M M / D D / 2014 Transaction ID: SA11AI.11933 Amount of Each Receipt this Period 38.46
Tampa F FEC ID number of contributing federal political committee. Name of Employer Occ WellCare Health Plans, Inc. heal	ate Zip Code L 33634 upation th care regate Year-to-Date ▼	Date of Receipt M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D
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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Valerie DeBoe Date of Receipt Mailing Address 8735 Henderson Road 04 2014 25 City State Zip Code Transaction ID: SA11AI.11935 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 28.84 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 259.56 Other (specify) Full Name (Last, First, Middle Initial) B. Grace Diaz Date of Receipt Mailing Address 8735 Henderson Road 04 2014 11 City State Zip Code Transaction ID: SA11AI.11944 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) c. Grace Diaz Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.11945 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) 105.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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FEC ID number of contributing

federal political committee.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Amount of Each Receipt this Period

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lisa V. Downey Date of Receipt Mailing Address 8735 Henderson Road 04 2014 City State Zip Code Transaction ID: SA11AI.11946 FL 33634

health care	
Aggregate Year-to-Date ▼ 307.68	
	Date of Receipt
	04 25 2014
State Zip Code	Transaction ID : SA11AI.11947
FL 33634	Amount of Each Receipt this Period
C	38.46
Occupation	
health care	
Aggregate Year-to-Date ▼ 346.14	
	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial) **c.** Thomas M. Everett Date of Receipt Mailing Address 8735 Henderson Road 2014 04 11 City State Zip Code Transaction ID: SA11AI.11958 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 307.68

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423.06

SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Louis Gianquinto, Jr. Date of Receipt Mailing Address 8735 Henderson Road 04 2014 25 City State Zip Code Transaction ID: SA11AI.11986 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Jennifer E. Gillespie Date of Receipt Mailing Address 8735 Henderson Road 04 2014 11 City State Zip Code Transaction ID: SA11AI.11987 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) c. Jennifer E. Gillespie Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.11988 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation Wellcare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) 173.07 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any pe e name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Elizabeth Goodman Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 769.20	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Elizabeth Goodman Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 865.35	Date of Receipt 04 25 2014 Transaction ID: SA11AI.11990 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Patricia B. Guay Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 307.68	Date of Receipt M M M / 11
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17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Patricia B. Guay Date of Receipt Mailing Address 8735 Henderson Road 04 2014 25 City State Zip Code Transaction ID: SA11AI.11994 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Haber Date of Receipt Mailing Address 8735 Henderson Road 04 2014 11 City State Zip Code Transaction ID: SA11AI.11995 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Haber Date of Receipt Mailing Address 8735 Henderson Road 25 04 2014 Zip Code City State Transaction ID: SA11AI.11996 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Gregg Haddad Date of Receipt Mailing Address 8735 Henderson Road 04 2014 City State Zip Code Transaction ID: SA11AI.11997 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Gregg Haddad Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.11998 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) Full Name (Last, First, Middle Initial) c. Robin Hamel Date of Receipt Mailing Address 8735 Henderson Road 04 11 2014 City State Zip Code Transaction ID: SA11AI.12003 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, I	nc. PAC (WellCa	are PAC)	
Full Name (Last, First, Middle Initial Robin Hamel Mailing Address 8735 Henderson R City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Receipt For: Primary General Other (specify)	State FL C Occupation health care Aggregate		Date of Receipt O4 25 2014 Transaction ID: SA11AI.12004 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial Richard M. Hanks Mailing Address 8735 Henderson R City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	oad State FL C Occupation health care	Zip Code 33634 Year-to-Date ▼	Date of Receipt M M
Full Name (Last, First, Middle Initial Richard M. Hanks Mailing Address 8735 Henderson F City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State FL Occupation health care		Date of Receipt 04 25 2014 Transaction ID: SA11AI.12010 Amount of Each Receipt this Period 38.46
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Merrill J. Hausenfluck Date of Receipt Mailing Address 8735 Henderson Road 04 2014 City State Zip Code Transaction ID: SA11AI.12011 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Merrill J. Hausenfluck Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.12012 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) c. Maurice Hebert Date of Receipt Mailing Address 8735 Henderson Road 04 11 2014 City State Zip Code Transaction ID: SA11AI.12015 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) 173.07 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Maurice Hebert Date of Receipt Mailing Address 8735 Henderson Road 04 2014 25 City State Zip Code Transaction ID: SA11AI.12016 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa Hershiser Date of Receipt Mailing Address 8735 Henderson Road 04 2014 11 City State Zip Code Transaction ID: SA11AI.12017 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa Hershiser Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.12018 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) 173.07 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCa	are PAC)	
Full Name (Last, First, Middle Initial) Troy Hildreth Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify) Aggregate	Zip Code 33634 Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Troy Hildreth Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify) Aggregate	Zip Code 33634 Year-to-Date ▼	Date of Receipt 04 25 2014 Transaction ID: SA11AI.12020 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Robert L. Hilliard Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) General	Zip Code 33634 Year-to-Date ▼	Date of Receipt 04 11 2014 Transaction ID: SA11AI.12023 Amount of Each Receipt this Period 96.15
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Robert L. Hilliard Date of Receipt Mailing Address 8735 Henderson Road 04 2014 25 City State Zip Code Transaction ID: SA11AI.12024 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) B. William Hinsdale Date of Receipt Mailing Address 8735 Henderson Road 04 2014 11 City State Zip Code Transaction ID: SA11AI.12027 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) c. William Hinsdale Date of Receipt Mailing Address 8735 Henderson Road 25 04 2014 Zip Code City State Transaction ID: SA11AI.12028 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify)

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Marla P. Holcomb Date of Receipt Mailing Address 8735 Henderson Road 04 2014 City State Zip Code Transaction ID: SA11AI.12031 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Marla P. Holcomb Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.12032 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) Full Name (Last, First, Middle Initial) c. Laura Hungiville Date of Receipt Mailing Address 8735 Henderson Road 04 11 2014 Zip Code City State Transaction ID: SA11AI.12035 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify)

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Laura Hungiville Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.12036 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa G. Iglesias Date of Receipt Mailing Address 8735 Henderson Road 04 2014 11 City State Zip Code Transaction ID: SA11AI.12041 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1538.40 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa G. Iglesias Date of Receipt Mailing Address 8735 Henderson Road 25 2014 04 Zip Code City State Transaction ID: SA11AI.12042 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1730.70 Other (specify) 480.75 SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Meghan A. Izzo Date of Receipt Mailing Address 8735 Henderson Road 04 2014 City State Zip Code Transaction ID: SA11AI.12045 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Meghan A. Izzo Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.12046 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) **c.** Goran Jankovic Date of Receipt Mailing Address 8735 Henderson Road 04 11 2014 City State Zip Code Transaction ID: SA11AI.12047 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Goran Jankovic Date of Receipt Mailing Address 8735 Henderson Road 04 2014 25 City State Zip Code Transaction ID: SA11AI.12048 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Hermilo O. Jazmines Date of Receipt Mailing Address 8735 Henderson Road 04 2014 11 City State Zip Code Transaction ID: SA11AI.12049 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) c. Hermilo O. Jazmines Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 Zip Code City State Transaction ID: SA11AI.12050 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee.

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865.35

Occupation

health care

Aggregate Year-to-Date ▼

Name of Employer

Primary

Receipt For:

WellCare Health Plans, Inc.

Other (specify)

General

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Walter C. Johnson Date of Receipt Mailing Address 8735 Henderson Road 04 2014 City State Zip Code Transaction ID: SA11AI.12054 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Walter C. Johnson Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.12055 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) c. Laura A. Jones Date of Receipt Mailing Address 8735 Henderson Road 04 11 2014 Zip Code City State Transaction ID: SA11AI.12060 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 35 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Laura A. Jones Date of Receipt Mailing Address 8735 Henderson Road 04 2014 25 City State Zip Code Transaction ID: SA11AI.12061 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Stephen Jones Date of Receipt Mailing Address 8735 Henderson Road 04 2014 11 City State Zip Code Transaction ID: SA11AI.12062 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) c. Stephen Jones Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.12063 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 36 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Paul Kensicki Date of Receipt Mailing Address 8735 Henderson Road 04 2014 City State Zip Code Transaction ID: SA11AI.12066 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Kensicki Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.12067 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) Full Name (Last, First, Middle Initial) c. John J. Kirchner Date of Receipt Mailing Address 8735 Henderson Road 04 11 2014 City State Zip Code Transaction ID: SA11AI.12076 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 37 OF 61 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) John J. Kirchner Date of Receipt Mailing Address 8735 Henderson Road 04 2014 25 City State Zip Code Transaction ID: SA11AI.12077 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) Full Name (Last, First, Middle Initial) B. Roman T. Kulich Date of Receipt Mailing Address 8735 Henderson Road 04 2014 11 City State Zip Code Transaction ID: SA11AI.12080 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) c. Roman T. Kulich Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.12081 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 38 OF 61 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Gregory A. LaManna Date of Receipt Mailing Address 8735 Henderson Road 04 2014 City State Zip Code Transaction ID: SA11AI.12083 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Gregory A. LaManna Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.12084 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) **c.** Jeffry P. Lannigan Date of Receipt Mailing Address 8735 Henderson Road 04 11 2014 City State Zip Code Transaction ID: SA11AI.12085 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) 173.07 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 39 OF 61 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jeffry P. Lannigan Date of Receipt Mailing Address 8735 Henderson Road 04 2014 25 City State Zip Code Transaction ID: SA11AI.12086 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) Full Name (Last, First, Middle Initial) B. Frank Lopez Date of Receipt Mailing Address 8735 Henderson Road 04 2014 11 City State Zip Code Transaction ID: SA11AI.12093 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) c. Frank Lopez Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.12094 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) 173.07 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Pam A. Lyons-Taylor Date of Receipt Mailing Address 8735 Henderson Road 04 2014 City State Zip Code Transaction ID: SA11AI.12097 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Pam A. Lyons-Taylor Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.12098 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) Full Name (Last, First, Middle Initial) c. Carole A. Matyas Date of Receipt Mailing Address 8735 Henderson Road 04 11 2014 Zip Code City State Transaction ID: SA11AI.12107 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee.

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769.20

Occupation

health care

Aggregate Year-to-Date ▼

Name of Employer

Primary

Receipt For:

Wellcare Health Plans, Inc.

Other (specify)

General

FOR LINE NUMBER: PAGE 41 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Carole A. Matyas Date of Receipt Mailing Address 8735 Henderson Road 04 2014 25 City State Zip Code Transaction ID: SA11AI.12108 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) Full Name (Last, First, Middle Initial) B. David J. McNichols Date of Receipt Mailing Address 8735 Henderson Road 04 2014 11 City State Zip Code Transaction ID: SA11AI.12117 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) c. David J. McNichols Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.12118 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 42 OF 61 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Wendy A. Morriarty Date of Receipt Mailing Address 8735 Henderson Road 04 2014 City State Zip Code Transaction ID: SA11AI.12123 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Wendy A. Morriarty Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.12124 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) Full Name (Last, First, Middle Initial) c. Gina Newberry Date of Receipt Mailing Address 8735 Henderson Road 04 11 2014 City State Zip Code Transaction ID: SA11AI.12134 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 43 OF 61 Use separate schedule(s) (check only one)

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Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Full Name (Last, First, Middle Initial) Gina Newberry Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Receipt For: Primary Other (specify) Tampa General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 346.14	Date of Receipt O4 25 2014 Transaction ID : SA11AI.12135 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Sharon Nisbet Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 769.20	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Sharon Nisbet Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 865.35	Date of Receipt 04 25 2014 Transaction ID: SA11AI.12137 Amount of Each Receipt this Period 96.15
SUBTOTAL of Receipts This Page (optional)	•	230.76
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 44 OF 61 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael J. Orlosky Date of Receipt Mailing Address 8735 Henderson Road 04 2014 City State Zip Code Transaction ID: SA11AI.12140 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Michael J. Orlosky Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.12141 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) c. Christopher T. Parrillo Date of Receipt Mailing Address 8735 Henderson Road 04 11 2014 City State Zip Code Transaction ID: SA11AI.12149 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) 173.07 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 45 OF 61 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Christopher T. Parrillo Date of Receipt Mailing Address 8735 Henderson Road 04 2014 25 City State Zip Code Transaction ID: SA11AI.12150 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) Full Name (Last, First, Middle Initial) B. Michael R. Polen Date of Receipt Mailing Address 8735 Henderson Road 04 2014 11 City State Zip Code Transaction ID: SA11AI.12154 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1538.40 Other (specify) Full Name (Last, First, Middle Initial) c. Michael R. Polen Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.12155 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1730.70 Other (specify) 480.75 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jayme Anelalani Puu Date of Receipt Mailing Address 8735 Henderson Road 04 2014 City State Zip Code Transaction ID: SA11AI.12162 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Jayme Anelalani Puu Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.12163 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) c. Jeffrey S. Ray Date of Receipt Mailing Address 8735 Henderson Road 04 11 2014 City State Zip Code Transaction ID: SA11AI.12164 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 41.66 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 333.28 Other (specify) 118.58 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jeffrey S. Ray Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.12165 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 41.66 federal political committee. Name of Employer Occupation health care Wellcare Health Plans, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 374.94 Other (specify) Full Name (Last, First, Middle Initial) B. Michael L. Ridenour Date of Receipt Mailing Address 8735 Henderson Road 04 2014 11 City State Zip Code Transaction ID: SA11AI.12176 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) c. Michael L. Ridenour Date of Receipt Mailing Address 8735 Henderson Road 25 04 2014 City State Zip Code Transaction ID: SA11AI.12177 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) 118.58

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 48 OF 61 Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Stat or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Wellcare	State Zip Code FL 33636 C Occupation nealth care Aggregate Year-to-Date ▼ 307.68	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Wellcare	State Zip Code FL 33636 C Occupation nealth care Aggregate Year-to-Date ▼ 346.14	Date of Receipt M M / 25 2014 Transaction ID: SA11AI.12179 Amount of Each Receipt this Period 38.46
WellCare Health Plans, Inc.	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼	Date of Receipt M M / 11 2014 Transaction ID : SA11AI.12182 Amount of Each Receipt this Period 96.15
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number on		173.07

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 49 OF 61

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may not be sold or used by any perame and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC ((WellCare PAC)	
WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code FL 33634 C Decupation lealth care Aggregate Year-to-Date ▼ 865.35	Date of Receipt 04 25 2014 Transaction ID: SA11AI.12183 Amount of Each Receipt this Period 96.15
WellCare h	State Zip Code FL 33634 C Description ealth care Aggregate Year-to-Date ▼ 307.68	Date of Receipt O4 11 2014 Transaction ID: SA11AI.12186 Amount of Each Receipt this Period 38.46
WellCare h	State Zip Code FL 33634 C Decupation health care Aggregate Year-to-Date ▼ 346.14	Date of Receipt 04 25 2014 Transaction ID : SA11AI.12187 Amount of Each Receipt this Period 38.46
SUBTOTAL of Receipts This Page (optional)	>	173.07
TOTAL This Period (last page this line number onl	y)	

FOR LINE NUMBER: PAGE 50 OF 61 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Katherine Ryland Date of Receipt Mailing Address 8735 Henderson Road 04 2014 City State Zip Code Transaction ID: SA11AI.12192 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Katherine Ryland Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.12193 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) c. Elliott A. Shaw Jr. Date of Receipt Mailing Address 8735 Henderson Road 04 11 2014 City State Zip Code Transaction ID: SA11AI.12204 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 126.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 51 OF 61 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Elliott A. Shaw Jr. Date of Receipt Mailing Address 8735 Henderson Road 04 2014 25 City State Zip Code Transaction ID: SA11AI.12205 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Alan R. Smith Date of Receipt Mailing Address 8735 Henderson Road 04 2014 11 City State Zip Code Transaction ID: SA11AI.12210 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) c. Alan R. Smith Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.12211 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) 242.30 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 52 OF 61 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Derek A. Stratman Date of Receipt Mailing Address 8735 Henderson Road 04 2014 City State Zip Code Transaction ID: SA11AI.12222 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Derek A. Stratman Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.12223 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) c. Christopher P. Surrell Date of Receipt Mailing Address 8735 Henderson Road 04 11 2014 City State Zip Code Transaction ID: SA11AI.12226 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) 173.07 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 53 OF 61

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	(cneck only one) X 11a
Any information copied from such or for commercial purposes, other	Reports and Statements mar than using the name and a	ay not be sold or used by any puddress of any political committed	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Fig. Wellcare Health Plan	,	are PAC)	
Full Name (Last, First, Middle Christopher P. Surrell Mailing Address 8735 Henders City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary Other (specify) Table 10 General Contribution General Contr	State FL C Occupation health care Aggregate		Date of Receipt 04 25 2014 Transaction ID: SA11AI.12227 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Blair Todt Mailing Address 8735 Henders City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary Other (specify) ▼	on Road State FL C Occupation health care Aggregate	Zip Code 33634 Year-to-Date ▼	Date of Receipt 04 11 2014 Transaction ID: SA11AI.12237 Amount of Each Receipt this Period 192.30
Full Name (Last, First, Middle Blair Todt Mailing Address 8735 Henders City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary Other (specify) Other (specify)	State FL Occupation health care Aggregate		Date of Receipt O4 25 2014 Transaction ID : SA11AI.12238 Amount of Each Receipt this Period 192.30
SUBTOTAL of Receipts This Pa	ge (optional))	480.75
TOTAL This Period (last page th	nis line number only)		

FOR LINE NUMBER: PAGE 54 OF 61 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Thomas Tran Date of Receipt Mailing Address 8735 Henderson Road 04 2014 City State Zip Code Transaction ID: SA11AI.12241 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1538.40 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Tran Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.12242 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1730.70 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa VanSteelant Date of Receipt Mailing Address 8735 Henderson Road 04 11 2014 City State Zip Code Transaction ID: SA11AI.12245 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 423.06 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 55 OF 61 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lisa VanSteelant Date of Receipt Mailing Address 8735 Henderson Road 04 2014 25 City State Zip Code Transaction ID: SA11AI.12246 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Steven A. Vetrano Date of Receipt Mailing Address 8735 Henderson Road 04 2014 11 City State Zip Code Transaction ID: SA11AI.12247 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) c. Steven A. Vetrano Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.12248 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LIN	E NUMBER	i: PAGI	= 56 OF
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for each category of the	X 11a	11b	11c	12
Detailed Summary Page	\(\simeq \)	110		□ ' ² _
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	Statements may not be sold or used by any personance name and address of any political committee to	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Ed Wang Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 333.28	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ed Wang Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 374.94	Date of Receipt M M M / D J / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) William K. Watson Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 320.00	Date of Receipt M M M / D D / 2014 Transaction ID : SA11AI.12263 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional)	•	123.32
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 57 OF 61 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) William K. Watson Date of Receipt Mailing Address 8735 Henderson Road 04 2014 25 City State Zip Code Transaction ID: SA11AI.12264 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Teddy J. Webster Date of Receipt Mailing Address 8735 Henderson Road 04 2014 11 City State Zip Code Transaction ID: SA11AI.12265 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) **c.** Teddy J. Webster Date of Receipt Mailing Address 8735 Henderson Road 25 04 2014 City State Zip Code Transaction ID: SA11AI.12266 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) 116.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 58 OF 61 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Sandra White Date of Receipt Mailing Address 8735 Henderson Road 04 2014 City State Zip Code Transaction ID: SA11AI.12277 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Sandra White Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.12278 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) c. Yan Xiong Date of Receipt Mailing Address 8735 Henderson Road 04 11 2014 City State Zip Code Transaction ID: SA11AI.12285 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) 173.07 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 59 OF 61 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Yan Xiong Date of Receipt Mailing Address 8735 Henderson Road 04 2014 25 City State Zip Code Transaction ID: SA11AI.12287 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Carl Yount Date of Receipt Mailing Address 8735 Henderson Road 04 2014 11 City State Zip Code Transaction ID: SA11AI.12296 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Carl Yount Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.12297 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 60 OF 61 Use separate schedule(s) (check only one) X 11a 11b 11c 12

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Carlene C. Zincke Date of Receipt Mailing Address 8735 Henderson Road 04 2014 City State Zip Code Transaction ID: SA11AI.12302 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Carlene C. Zincke Date of Receipt Mailing Address 8735 Henderson Road 04 25 2014 City State Zip Code Transaction ID: SA11AI.12303 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional)..... 12214.09 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 6		
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	VOIVIDEIT.	
I LIVIIZED DISDUNSEIVIEN IS	for each category of the	21b	22 23 24 25 26	
	Detailed Summary Page	27	28a 28b 28c X 29 30b	
Any information copied from such Reports and Staten	nents may not be sold or used	by any nerso	on for the purpose of soliciting contributions	
or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
Wellcare Health Plans, Inc. PAC (V	VellCare PAC)			
Full Name (Last, First, Middle Initial)				
A. Friends of John Doak, Oklahoma C	commissioner		Date of Disbursement	
Molling Address 199991 9 11			M M / D D / Y Y Y Y Y Y Y Y Y	
Mailing Address 10026A S. Mingo Road, Box 144			04 21 2014	
City	State Zip Code			
Tulsa	OK 74133		Transaction ID : SB29.12307	
Purpose of Disbursement				
non-federal contribution		[]	Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	
Office Courbb	pont Ferr	Туре	1000.00	
Office Sought: House Disbursen Senate				
	Primary General Other (specify)			
State: District:	oution (opooliy) ▼			
Full Name (Last, First, Middle Initial)				
B. Jim Donelan Campaign			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address P. O. Box 6993			04 21 2014	
	State Zip Code		Transaction ID : SB29.12312	
Metairie Purpose of Disbursement	LA 70009			
non-federal contribution			Amount of Each Disbursement this Period	
Candidate Name		Category/		
		Type	1000.00	
Office Sought: House Disbursen	nent For:			
	Primary General			
	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)	0		Date of Disbursement	
C. Mike Chaney Mississippi Insurance	Commissioner Cam	ipaign		
Mailing Address P. O. Box 23242			04 21 2014	
City	State Zip Code		Transaction ID : SB29.12310	
***************************************	MS 39225		1141134CHOH ID . 3D23.12310	
Purpose of Disbursement non-federal contribution				
Candidate Name			Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	1000.00	
Office Sought: House Disbursen	nent For:	туре		
	Primary General			
	Other (specify) ▼			
State: District:	· 			
SUBTOTAL of Disbursements This Page (optional)			3000.00	
			2222.22	
TOTAL This Period (last page this line number only)			3000.00	